

Annual Reconciliation User Guide

(SL Broker User ID) User
Documentation



Kentucky Department of Insurance
January 2010
User Documentation
Version 1.0

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BEGINNING THE PROCESS

A few things to do before getting started:

- Decide if you want to send this data via FTP (A flat text file that can be transmitted to the DOI thru a FTP portal)
- Utilize the E-Services portal.

To submit the data via FTP:

- You'll need to notify the DOI of your intent. Also, you'll need to provide:
 - A test file to review for proper formatting
- You will need to follow the file format outlined in the Data Elements Guide, which is also inserted into this user documentation.

To create via E-Services:

- You'll need to set up an account
- Enter the data using the process outlined in this user documentation

Some other things to consider when using the E-Services portal:

- If using the E-Services portal, the session will 'timeout' after 20 minutes of inactivity.
- For Surplus Lines Brokers, make sure your data is grouped by Carrier (Unauthorized Insurer), for ease of entry. The process will ask you to select the Carrier, then all municipalities associated with that Carrier.
- Save/Print your invoice for documentation purposes. This will be the verification you have entered your data, and transmitted to the DOI.
- All amended reports will be filed by paper copy. All initial records shall be transmitted electronically.

FILING BY FTP

This section will explain the process to transmit the Annual Reconciliation Data to the DOI via FTP. You will first need to notify the DOI of your intent. To do so, submit an e-mail to the following e-mail address:

DOI.ISHelpDesk@ky.gov

Entitle:

Annual Reconciliation FTP Request

Or, you may call the DOI regarding this topic at 502-564-6154 X4359.

The DOI Help Desk will ask you to:

- Submit a test filing. We will attempt to load your test file in a beta environment to verify the file formatting. The formatting outline follows.
- Once complete, we will assign you a username and password to access the FTP service.

DEFINITIONS

- (1) “Company Name” is equal to the name of the insurance company subject to local government premium tax as presented in the Annual Statement.
- (2) “Broker” is a Surplus Lines Broker subject to local government premium tax.
- (3) “NAIC Number” is the assigned number provided to the company by the National Association of Insurance Commissioners. (Alien Number is the assigned tax identification number of the writing alien carrier)
- (4) “FEIN Number” is the Federal Tax Identification Number.
- (5) “Year” is the year of the tax filing.
- (6) “First/Middle/Last Name” should reflect the filing contact information.
- (7) “Local Government Name” means the city/county/charter county/consolidated local government/urban-county government/unified local government to whom the tax was paid.
- (8) “Municipal Code” means the number assigned to the taxing authority by the Local Government Premium Tax Division at the Department of Insurance within the Local Government Premium Tax Schedule distributed annually. (AKA City Code)
- (9) “Ttl Annual Premium” (Total Annual Premium) the total amount as defined in Section I, Annual Totals, Column 2.
- (10) “Ttl Ann Tax Pd (Casualty)” (Total Annual Tax Paid (Casualty)) the total amount as defined in Section I, Annual Totals, Casualty, Column 3.
- (11) “Ttl Ann Tax Pd (Fire & All)” (Total Annual Tax Paid (Fire & Allied Perils)) the total amount as defined in Section I, Annual Totals, Fire and Allied Perils, Column 3.
- (12) “Ttl Ann Tax Pd (Health)” (Total Annual Tax Paid (Health)) the total amount as defined in Section I, Annual Totals, Health, Column 3.
- (13) “Ttl Ann Tax Pd (Inl Marine)” (Total Annual Tax Paid (Inland Marine)) the total amount as defined in Section I, Annual Totals, Inland Marine, Column 3.
- (14) “Ttl Ann Tax Pd (Life)” (Total Annual Tax Paid (Life)) the total amount as defined in Section I, Annual Totals, Life, Column 3.
- (15) “Ttl Ann Tax Pd (Mtr Vehicle)” (Total Annual Tax Paid (Motor Vehicle)) the total amount as defined in Section I, Annual Totals, Motor Vehicle, Column 3.
- (16) “Ttl Ann Tax Pd (All Oth Risk)” (Total Annual Tax Paid (All Other Risks)) the total amount as defined in Section I, Annual Totals, All Other Risks, Column 3.
- (17) “Total Annual Tax Paid” the total amount as defined in Section I, Annual Totals, Column 3.
- (18) “Total Annual Interest Due” the total amount as defined in Section II, Computation of Additional Payment Due, Column 3.
- (19) “Total Amount” means the total of (16) and (17) above.
- (20) “DOI ID Number” means the six digit number assigned by the Department of Insurance to the insurance company or broker at licensure. This number can be found on the insurance company or broker Kentucky Insurance License.
- (21) “Fil Off E-Mail Address” (Filing Officer/Filing Contact E-Mail Address) the e-mail address of the filer of the Annual Reconciliation.
- (22) “Unauthorized insurer” is the insurance company to which insurance business has been exported through a broker.

DATA REQUIREMENTS

This section will document the data requirements concerning the file.

Format

Media Type: FTP

File Type: Character Delimited Text Format (^ Shift 6)

Required Fields-Company Data

There will be separate file requirements for Company Filers, and Surplus Lines Broker Filers.

Filer Identification Information/Company

This data should be submitted in **row one** of the file, not to be repeated, columns separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

| | | |
|-------------------------------|---------------------|--------------------|
| • Company Name | Alpha-Numeric | Maximum Length 100 |
| • NAIC Number | Numeric | Maximum Length 5 |
| • FEIN Number | Numeric (No dashes) | Maximum Length 9 |
| • Year | Numeric | Maximum Length 4 |
| • Last Name (Filing Officer) | Alpha-Numeric | Maximum Length 50 |
| • First Name (Filing Officer) | Alpha-Numeric | Maximum Length 50 |
| • Middle Name (Officer) | Alpha-Numeric | Maximum Length 50 |
| • Address (Company) | Alpha-Numeric | Maximum Length 255 |
| • City Name | Alpha-Numeric | Maximum Length 255 |
| • State | Alpha-Numeric | Maximum Length 2 |
| • Zip | Numeric | Maximum Length 9 |
| • Phone # (Filing Officer) | Numeric (No dashes) | Maximum Length 15 |
| • Fil Off E-Mail Address | Alpha-Numeric | Maximum Length 100 |

Tax Information/Company

This data should be submitted in **row two, then repeat for each taxing local government.** Columns should be separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

| | | |
|---------------------------------|---------------------|--------------------|
| • Local Government Name | Alpha-Numeric | Maximum Length 100 |
| • Municipal Code | Numeric | Maximum Length 4 |
| • Ttl Annual Premium | Numeric (No commas) | Maximum Length 100 |
| • Ttl Ann Tax Pd (Casualty) | Numeric (No commas) | Maximum Length 100 |
| • Ttl Ann Tax Pd (Fire & All) | Numeric (No commas) | Maximum Length 100 |
| • Ttl Ann Tax Pd (Health) | Numeric (No commas) | Maximum Length 100 |
| • Ttl Ann Tax Pd (Inl Marine) | Numeric (No commas) | Maximum Length 100 |
| • Ttl Ann Tax Pd (Life) | Numeric (No commas) | Maximum Length 100 |
| • Ttl Ann Tax Pd (Mtr Vehicle) | Numeric (No commas) | Maximum Length 100 |
| • Ttl Ann Tax Pd (All Oth Risk) | Numeric (No commas) | Maximum Length 100 |
| • Total Annual Tax Paid | Numeric (No commas) | Maximum Length 100 |
| • Total Annual Interest Due | Numeric (No commas) | Maximum Length 100 |
| • Total Amount | Numeric (No commas) | Maximum Length 100 |

Required Fields-Surplus Lines Broker Data

There will be separate file requirements for Company Filers, and Surplus Lines Broker Filers.

Filer Identification Information/Surplus Lines Broker

This data should be submitted in **row one** of the file, not to be repeated, columns separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

| | | |
|-------------------------------|---------------------|--------------------|
| • Broker Name | Alpha-Numeric | Maximum Length 100 |
| • DOI ID Number | Numeric | Maximum Length 6 |
| • FEIN Number | Numeric (No dashes) | Maximum Length 9 |
| • Year | Numeric | Maximum Length 4 |
| • Last Name (Filing Officer) | Alpha-Numeric | Maximum Length 50 |
| • First Name (Filing Officer) | Alpha-Numeric | Maximum Length 50 |
| • Middle Name (Officer) | Alpha-Numeric | Maximum Length 50 |
| • Address (Company) | Alpha-Numeric | Maximum Length 255 |
| • City Name | Alpha-Numeric | Maximum Length 255 |
| • State Name | Alpha-Numeric | Maximum Length 2 |
| • Zip | Numeric | Maximum Length 9 |
| • Phone # (Filing Officer) | Numeric (No dashes) | Maximum Length 15 |
| • Fil Off E-Mail Address | Alpha-Numeric | Maximum Length 100 |

Tax Information/Surplus Lines Broker

This data should be submitted in **row two, then repeat for each unauthorized insurer/taxing local government.** Columns should be separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

| | | |
|---------------------------------|---------------------|--------------------|
| • Unauthorized Insurer Name | Alpha-Numeric | Maximum Length 100 |
| • NAIC Number/AlienNumber | Numeric | Maximum Length 5 |
| • Local Government Name | Alpha-Numeric | Maximum Length 100 |
| • Municipal Code | Numeric | Maximum Length 4 |
| • Ttl Annual Premium | Numeric (No commas) | Maximum Length 100 |
| • Ttl Ann Tax Pd (Casualty) | Numeric (No commas) | Maximum Length 100 |
| • Ttl Ann Tax Pd (Fire & All) | Numeric (No commas) | Maximum Length 100 |
| • Ttl Ann Tax Pd (Health) | Numeric (No commas) | Maximum Length 100 |
| • Ttl Ann Tax Pd (Inl Marine) | Numeric (No commas) | Maximum Length 100 |
| • Ttl Ann Tax Pd (Life) | Numeric (No commas) | Maximum Length 100 |
| • Ttl Ann Tax Pd (Mtr Vehicle) | Numeric (No commas) | Maximum Length 100 |
| • Ttl Ann Tax Pd (All Oth Risk) | Numeric (No commas) | Maximum Length 100 |
| • Total Annual Tax Paid | Numeric (No commas) | Maximum Length 100 |
| • Total Annual Interest Due | Numeric (No commas) | Maximum Length 100 |
| • Total Amount | Numeric (No commas) | Maximum Length 100 |

Data Examples

Company Demographic Data

ABC Insurance Company^12345^6100000000^2007^Doe^John^Q^123 Main
Street^Frankfort^KY^40601^18005551212^jdoe@yahoo.com^

Company Taxing Data

Frankfort^0006^10000^200^100^0^0^0^500^0^800^0^800^

Or

Surplus Lines Broker Demographic Data

John R Producer^123456^6100000000^2007^Doe^John^Q^123 Main
Street^Frankfort^KY^40601^18005551212^jdoe@yahoo.com^

Surplus Lines Broker Taxing Data

ABC Surplus Lines Insurance Company^12345^
Frankfort^0006^10000^200^100^0^0^0^500^0^800^0^800^

Municipal Codes (Current as of 1-1-2009)

City Listing

| | | | |
|--------------------------|------|-------------------------|------|
| Adairville | 0121 | Cadiz | 0140 |
| Albany | 0122 | Calhoun | 0141 |
| Alexandria | 0123 | California | 0264 |
| Allen | 0237 | Calvert City | 0037 |
| Anchorage | 0124 | Cambridge | 0266 |
| Arlington | 0239 | Campbellsburg | 0142 |
| Ashland | 0003 | Campbellsville | 0011 |
| Auburn | 0125 | Campton | 0267 |
| Audubon Park | 0126 | Caneyville | 0268 |
| Augusta | 0030 | Carlisle | 0038 |
| Bancroft | 0240 | Carrollton | 0039 |
| Barbourmeade | 0242 | Catlettsburg | 0040 |
| Barbourville | 0031 | Cave City | 0143 |
| Bardwell | 0127 | Centertown | 0272 |
| Barlow | 0243 | Central City | 0041 |
| Beattyville | 0128 | Clarkson | 0276 |
| Beaver Dam | 0033 | Clay | 0144 |
| Bedford | 0244 | Clay City | 0145 |
| Beechwood Village | 0129 | Cloverport | 0147 |
| Bellemeade | 0247 | Cold Spring | 0148 |
| Bellevue | 0034 | Coldstream | 0447 |
| Bellewood | 0248 | Columbia | 0042 |
| Benton | 0035 | Corbin | 0012 |
| Berea | 0036 | Corinth | 0279 |
| Berry | 0249 | Corydon | 0150 |
| Blue Ridge Manor | 0251 | Covington | 0005 |
| Bowling Green | 0004 | Crab Orchard | 0280 |
| Bradfordsville | 0254 | Creekside | 0458 |
| Brandenburg | 0132 | Crescent Springs | 0151 |
| Briarwood | 0256 | Crestview | 0282 |
| Brodhead | 0259 | Crestwood | 0284 |
| Broeck Pointe | 0455 | Crittenden | 0285 |
| Bromley | 0133 | Crofton | 0153 |
| Brooksville | 0134 | Crossgate | 0286 |
| Brownsboro Farm | 0260 | Cumberland | 0043 |
| Brownsville | 0135 | Cynthiana | 0044 |
| Burgin | 0136 | Danville | 0013 |
| Burkesville | 0137 | Dawson Springs | 0045 |
| Burnside | 0138 | Dayton | 0046 |
| Butler | 0139 | Dixon | 0288 |

| | | | |
|-----------------------|------|---------------------------|------|
| Douglass Hills | 0047 | Glenview Manor | 0308 |
| Dover | 0289 | Goose Creek | 0310 |
| Druid Hills | 0290 | Goshen | 0451 |
| Dry Ridge | 0156 | Graymoor-Devondale | 0312 |
| Earlington | 0048 | Grayson | 0063 |
| Eddyville | 0157 | Green Spring | 0313 |
| Edmonton | 0158 | Greensburg | 0164 |
| Ekron | 0292 | Greenup | 0165 |
| Elizabethtown | 0050 | Greenville | 0064 |
| Elkhorn City | 0051 | Guthrie | 0166 |
| Elkton | 0052 | Hanson | 0314 |
| Elsmere | 0053 | Hardinsburg | 0168 |
| Eminence | 0054 | Harlan | 0065 |
| Erlanger | 0014 | Harrodsburg | 0066 |
| Evarts | 0159 | Hartford | 0169 |
| Ewing | 1002 | Hawesville | 0974 |
| Falmouth | 0055 | Hazard | 0018 |
| Fincastle | 0297 | Hebron Estates | 0981 |
| Flatwoods | 0015 | Henderson | 0019 |
| Fleming-Neon | 0161 | Heritage Creek | 0996 |
| Flemingsburg | 0056 | Hickman | 0067 |
| Florence | 0016 | Hickory Hill | 0444 |
| Fordsville | 0298 | Highland Heights | 0171 |
| Forest Hills | 0299 | Hills And Dales | 0448 |
| Fort Mitchell | 0057 | Hindman | 0172 |
| Fort Thomas | 0058 | Hodgenville | 0069 |
| Fort Wright | 0059 | Hollow Creek | 0318 |
| Fountain Run | 0301 | Hopkinsville | 0020 |
| Fox Chase | 0967 | Horse Cave | 0173 |
| Frankfort | 0006 | Houston Acres | 0321 |
| Franklin | 0060 | Hunters Hollow | 0969 |
| Fredonia | 0162 | Hurstbourne | 0449 |
| Frenchburg | 0302 | Hurstbourne Acres | 0322 |
| Gamaliel | 0303 | Hustonville | 0174 |
| Georgetown | 0062 | Hyden | 0323 |
| Ghent | 1003 | Indian Hills | 0176 |
| Glasgow | 0017 | Irvine | 0070 |
| Glencoe | 0309 | Irvington | 0177 |
| Glenview | 0464 | Island | 0326 |
| Glenview Hills | 0307 | Jackson | 0071 |

| | | | |
|--------------------------|------|-----------------------------|------|
| Jamestown | 0178 | McKee | 0193 |
| Jeffersontown | 0072 | Meadow Vale | 0194 |
| Jeffersonville | 0439 | Meadowbrook Farm | 0344 |
| Jenkins | 0073 | Meadowview Estates | 0345 |
| Junction City | 0179 | Melbourne | 0346 |
| Kingsley | 0330 | Mentor | 0347 |
| Kuttawa | 0180 | Middlesboro | 0023 |
| Lacenter | 0181 | Middletown | 0085 |
| Lafayette | 0331 | Midway | 0195 |
| Lagrange | 0074 | Millersburg | 0196 |
| Lakeside Park | 0182 | Milton | 0348 |
| Lancaster | 0183 | Monticello | 0086 |
| Langdon Place | 0332 | Morehead | 0087 |
| Lawrenceburg | 0075 | Morganfield | 0088 |
| Lebanon | 0076 | Morgantown | 0198 |
| Lebanon Junction | 0975 | Mortons Gap | 0199 |
| Leitchfield | 0077 | Mount Sterling | 0089 |
| Lewisburg | 0185 | Mount Washington | 1008 |
| Lexington-Fayette | 0002 | Muldraugh | 0202 |
| Liberty | 0187 | Munfordville | 0203 |
| Lincolnshire | 0336 | Murray | 0024 |
| Livermore | 0188 | Murray Hill | 0446 |
| Livingston | 0337 | Nebo | 0352 |
| London | 0078 | New Castle | 0353 |
| Loretto | 0339 | New Haven | 0354 |
| Louisa | 0189 | Newport | 0007 |
| Louisville | 0001 | Nicholasville | 0025 |
| Loyall | 0190 | Norbourne Estates | 0355 |
| Ludlow | 0079 | North Middletown | 0206 |
| Lyndon | 0080 | Northfield | 0205 |
| Lynnview | 0192 | Nortonville | 0207 |
| Madisonville | 0081 | Norwood | 0356 |
| Manchester | 0082 | Oak Grove | 0208 |
| Manor Creek | 0341 | Oakland | 0357 |
| Marion | 0083 | Old Brownsboro Place | 0443 |
| Martin | 0084 | Olive Hill | 0091 |
| Maryhill Estates | 0342 | Orchard Grass Hills | 0358 |
| Mayfield | 0021 | Owensboro | 0008 |
| Maysville | 0022 | Owingsville | 0092 |
| Mc Henry | 0985 | Paducah | 0009 |

| | | | |
|------------------------|------|---------------------------|------|
| Paintsville | 0093 | Seneca Gardens | 0390 |
| Paris | 0026 | Shelbyville | 0107 |
| Park City | 0360 | Shepherdsville | 0986 |
| Park Hills | 0094 | Shively | 0027 |
| Parkway Village | 0361 | Silver Grove | 0220 |
| Pembroke | 0362 | Simpsonville | 0997 |
| Perryville | 0210 | Slaughters | 0393 |
| Pewee Valley | 0211 | Smithfield | 0972 |
| Pineville | 0096 | Smithland | 0395 |
| Pioneer Village | 0441 | Smiths Grove | 0396 |
| Plantation | 0212 | Somerset | 0028 |
| Pleasureville | 0367 | South Shore | 0400 |
| Plum Springs | 0368 | Southgate | 0109 |
| Powderly | 0370 | Sparta | 0401 |
| Prestonsburg | 0097 | Spring Valley | 0445 |
| Prestonville | 0371 | Springfield | 0110 |
| Princeton | 0098 | St. Charles | 0462 |
| Prospect | 0213 | St. Matthews | 0463 |
| Providence | 0099 | St. Regis Park | 0104 |
| Raceland | 0214 | Stamping Ground | 0403 |
| Radcliff | 0100 | Stanford | 0221 |
| Ravenna | 0215 | Stanton | 0111 |
| Richlawn | 0372 | Strathmoor Manor | 0405 |
| Richmond | 0010 | Strathmoor Village | 0406 |
| River Bluff | 0457 | Sturgis | 0112 |
| Riverwood | 0374 | Sycamore | 0456 |
| Robards | 0461 | Taylor Mill | 0113 |
| Rockport | 0377 | Taylorsville | 0407 |
| Rolling Fields | 0378 | Ten Broeck | 0453 |
| Rolling Hills | 0216 | Thornhill | 0408 |
| Russell Springs | 0217 | Tompkinsville | 0222 |
| Russellville | 1009 | Trenton | 0409 |
| Ryland Heights | 0971 | Uniontown | 0223 |
| Sacramento | 0382 | Vanceburg | 1004 |
| Sadieville | 0440 | Versailles | 0115 |
| Salyersville | 0105 | Vicco | 0413 |
| Sandy Hook | 0218 | Villa Hills | 0116 |
| Science Hill | 0387 | Vine Grove | 0117 |
| Scottsville | 0106 | Walton | 0224 |
| Sebree | 0219 | Warsaw | 0225 |

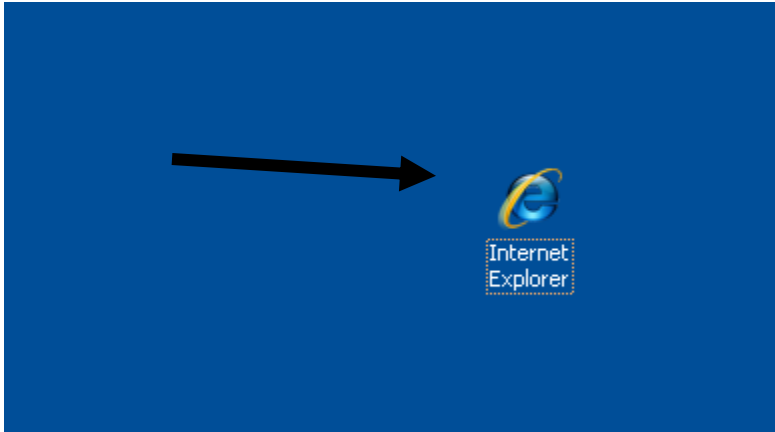
| | |
|--------------------------|------|
| Watterson Park | 0450 |
| Wayland | 0419 |
| Wellington | 0973 |
| West Buechel | 0227 |
| West Liberty | 0118 |
| West Point | 0228 |
| Westwood | 0421 |
| Wheatcroft | 0422 |
| Wheelwright | 0423 |
| White Plains | 0425 |
| Whitesburg | 0230 |
| Whitesville | 0426 |
| Wickliffe | 0231 |
| Wilder | 0232 |
| Wildwood | 0427 |
| Williamsburg | 0119 |
| Williamstown | 0233 |
| Wilmore | 0120 |
| Winchester | 0029 |
| Windy Hills | 0234 |
| Wingo | 0430 |
| Woodburn | 0433 |
| Woodbury | 0459 |
| Woodland Hills | 0434 |
| Woodlawn | 0435 |
| Woodlawn Park | 0235 |
| Worthington | 0236 |
| Worthington Hills | 0452 |
| Worthville | 0436 |

County Listing

| | |
|----------------------------|------|
| Anderson County | 0852 |
| Bell County | 0856 |
| Breckinridge County | 0863 |
| Bullitt County | 0864 |
| Campbell County | 0868 |
| Carter County | 0870 |
| Casey County | 0872 |
| Clark County | 0994 |
| Crittenden County | 1007 |
| Daviess County | 0879 |
| Elliott County | 0999 |
| Fleming County | 1005 |
| Franklin County | 0886 |
| Fulton County | 0887 |
| Garrard County | 0966 |
| Henderson County | 0900 |
| Hopkins County | 0903 |
| Jackson County | 0904 |
| Jefferson County | 0905 |
| Kenton County | 1000 |
| Lewis County | 0917 |
| Lexington-Fayette | 0002 |
| Mason County | 0930 |
| Meade County | 0931 |
| Menifee County | 0932 |
| Morgan County | 0937 |
| Oldham County | 0942 |
| Owen County | 0943 |
| Owsley County | 0944 |
| Pulaski County | 0949 |
| Rockcastle County | 0951 |
| Spencer County | 1006 |
| Todd County | 1001 |
| Trigg County | 0960 |
| Washington County | 0964 |
| Wayne County | 0965 |

FILING VIA ESERVICES

1. To begin the E-Services application, double click on the **Explorer icon** on your desktop. The icon is shown below.



Proceed to the Kentucky DOI webpage at:

<http://doi.ppr.ky.gov/kentucky/>

2. After clicking into the above website, the following page should appear:

KYDepartment of Insurance

An agency within the Public Protection Cabinet

Location: 215 W. Main St. Frankfort, Kentucky 40601 | [Mailing Address Information](#) | [Directions](#) | (800) 595-6053 | TTY (800) 462-2081

CONSUMER PROTECTION & EDUCATION

- ▶ Free Publications
- ▶ Insurance Consumer Page
- ▶ Complaint Ratio Search
- ▶ File a formal complaint online
- ▶ "Clean Claims" Form
- ▶ Publicaciones en Español.
- ▶ Filing a consumer complaint [form & instructions]
- ▶ Event Calendar

Our Mission Statement: We promote sound, competitive insurance markets; protect the public through effective enforcement and regulation; and empower the public through outreach and education.

AGENT LICENSING

- ▶ Licensee Procedures, Forms and Information
- ▶ Agent/Agency Search
- ▶ eServices - Online Services / Information (Password Required)
- ▶ Insurance Licensee Page
- ▶ CE & Pre-licensing Providers, Courses, and Failure to Comply with CE

COMPANY INFORMATION

- ▶ Search for a Company
- ▶ Insurance Company Page
- ▶ Rate and Form Filings
- ▶ Financial Standards and Examination
- ▶ Local Government Premium Tax
- ▶ Annual Statement Filing Checklists and Instructions
- ▶ Captive Insurance Company Licensing and Regulation

CARE

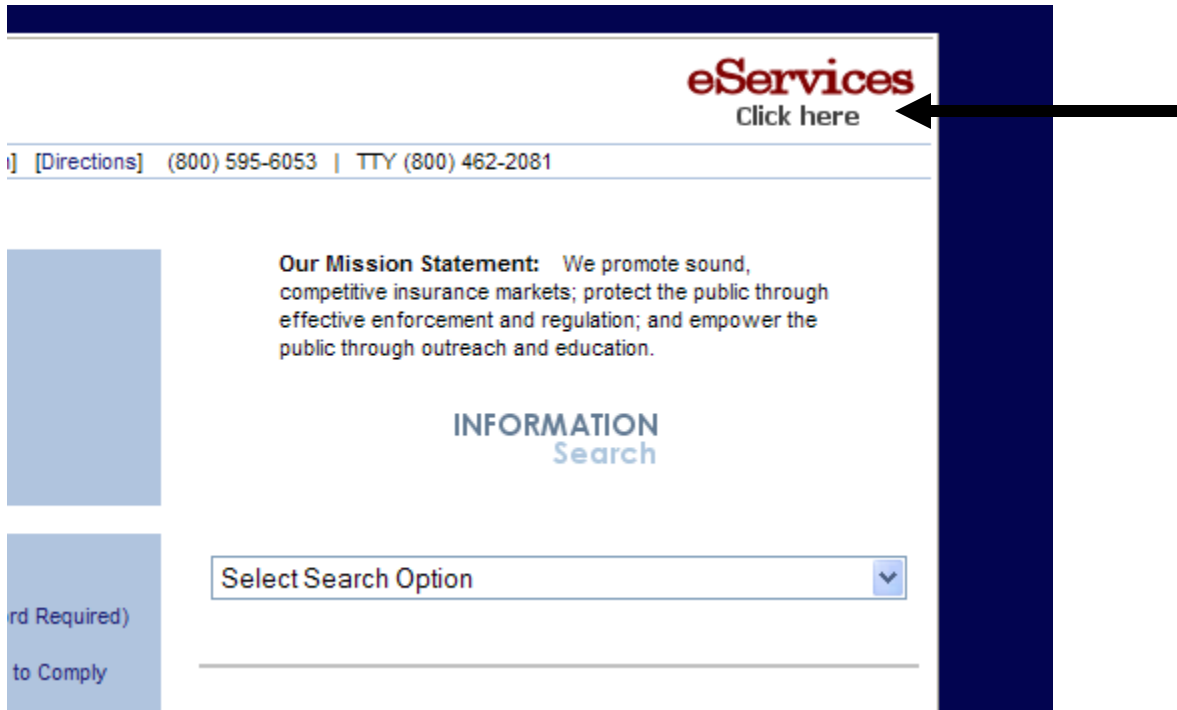
- ▶ Salary calculation/employees
- ▶ Application
- ▶ Application instructions
- ▶ Application tips
- ▶ Fact sheet

INFORMATION Search

What's New

- Insurance Legislation Adopted by the 2008 Kentucky General Assembly (Regular Session).
(08/08/2008)
- Texas DOI Press Release: Lincoln Memorial Action.
(07/31/2008)
- Whitley City Woman Charged With Fraud.
(07/31/2008)
- Georgetown Man Charged With Insurance Fraud.
(07/31/2008)
- Military Sales Practices: Reporting of Disciplinary Actions.
(07/21/2008)
- Louisville Business Owner Indicted By Grand Jury..
(07/17/2008).

3. Click the E-Services icon in the top right corner of the webpage.



4. Which will direct you to the DOI e-services portal, as shown below.

KYDepartment of Insurance

[KYOI Home](#) | [FAQs](#) | [Contact Us](#)

Please log in here:

Username

Password

First time here? Please click here to register for secure access.

Forgot your password?

Having trouble logging in? Click here for assistance.

[Click Here](#) to learn about our security.

What does eServices offer?

Consumers

- Submit Consumer Complaint File
- View data related to ratios (i.e., Complaint, Medicare Supplement, Consumer Guides) - **
- Find information related to a licensed Insurer, Individual or Business Entity - **

New Applicants - **

(Paperwork not submitted yet)

- Access to applications, study guides, instructions and documents

Individuals

(Licensed or pending applicants)

- Review your licensing information and account profile

Business Entities

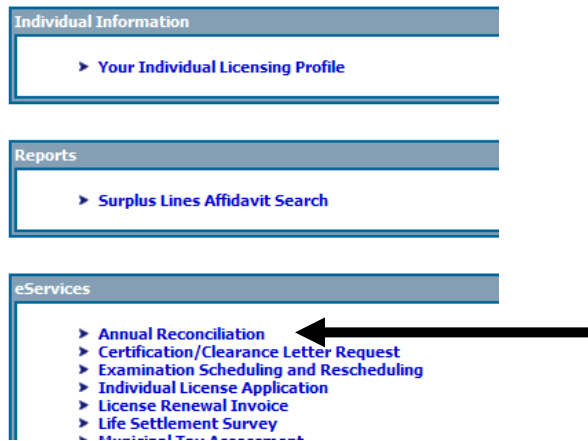
- Review your affiliated individuals licensing information (i.e., addresses, examinations, license/application status, continuing education, etc.)
- Submit requests for additional licenses, clearance / certification letters, voluntary surrenders, address changes, name changes, license renewals, and designations. **

Insurers

- Review your affiliated individuals licensing information (i.e., addresses, examinations, license/application status, continuing education, etc.)
- Renew appointments and submit payments **(Instructions) - New**
- Submit financial responsibility requests **

SETTING UP A NEW ACCOUNT

If you are an active Surplus Lines Broker, and have an existing Individual E-Services account, this access will be automatically added to your individual login. See the access shown here.



NOTE: If you are an active Surplus Lines Broker and this option is not enabled in your Individual E-Services account, please:

- ***Submit an e-mail to the following e-mail address:***

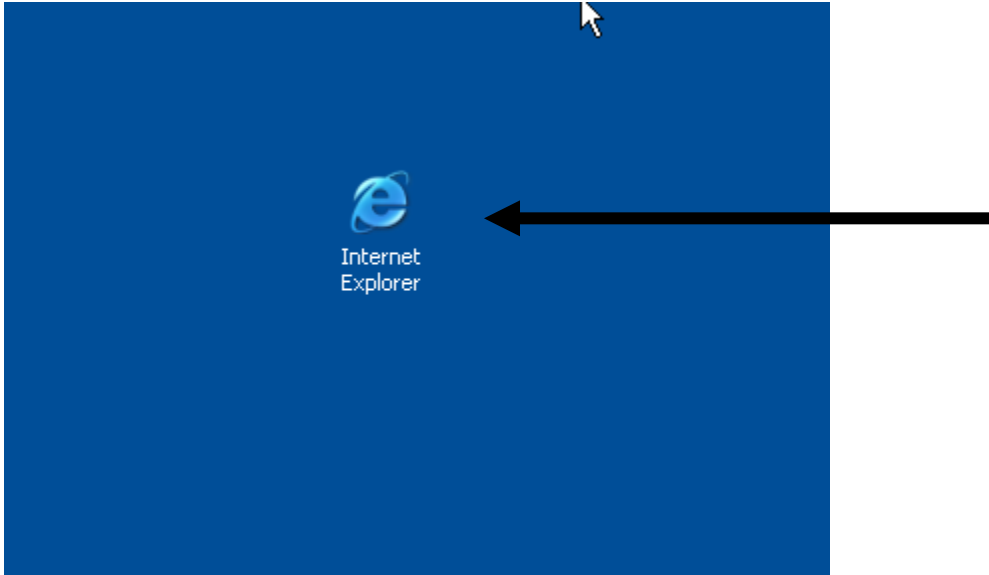
DOI.ISHelpDesk@ky.gov

- ***Or, you may call the DOI regarding this topic at 502-564-6154 X4359.***

If you do not have an Individual E-Services account set up, follow the directions shown here to do so.

Setting up an E-Services Account

1. To begin the application, double click your **internet browser**.



2. Follow the link to the KOI Webpage, at:

<http://doi.ppr.ky.gov/kentucky/>

KYOffice of Insurance
An agency within the Public Protection Department
and Environmental and Public Protection Cabinet.

Location: 215 W. Main St. Frankfort, Kentucky 40601 | [Mailing Address Information](#) | [Directions](#) | (800) 595-6053 | TTY (800) 462-2081

CONSUMER PROTECTION & EDUCATION

- ▶ Free Publications
- ▶ Insurance Consumer Page
- ▶ Complaint Ratio Search
- ▶ File a formal complaint online
- ▶ "Clean Claims" Form
- ▶ Publicaciones en Español..
- ▶ Filing a consumer complaint [form & instructions]

AGENT LICENSING

- ▶ Licensee Procedures, Forms and Information
- ▶ Agent/Agency Search
- ▶ eServices - Online Services / Information (Password Required)
- ▶ Insurance Licensee Page
- ▶ CE & Pre-licensing Providers, Courses, and Failure to Comply with CE

COMPANY INFORMATION

- ▶ Search for a Company
- ▶ Insurance Company Page
- ▶ Rate and Form Filings
- ▶ Financial Standards and Examination
- ▶ Local Government Premium Tax
- ▶ Annual Statement Filing Checklists and Instructions

ICARE

- ▶ Fact Sheet
- ▶ Application
- ▶ Regulations
- ▶ Salary calculation Information
- ▶ ICARE Qualified Health Benefit Plans

SENIORS HEALTH

- ▶ KIPS: Kentucky Insurance Program for Seniors
- ▶ Medicare Supplement Search

KENTUCKY ACCESS

- ▶ Kentucky Access Program

eServices
Click here

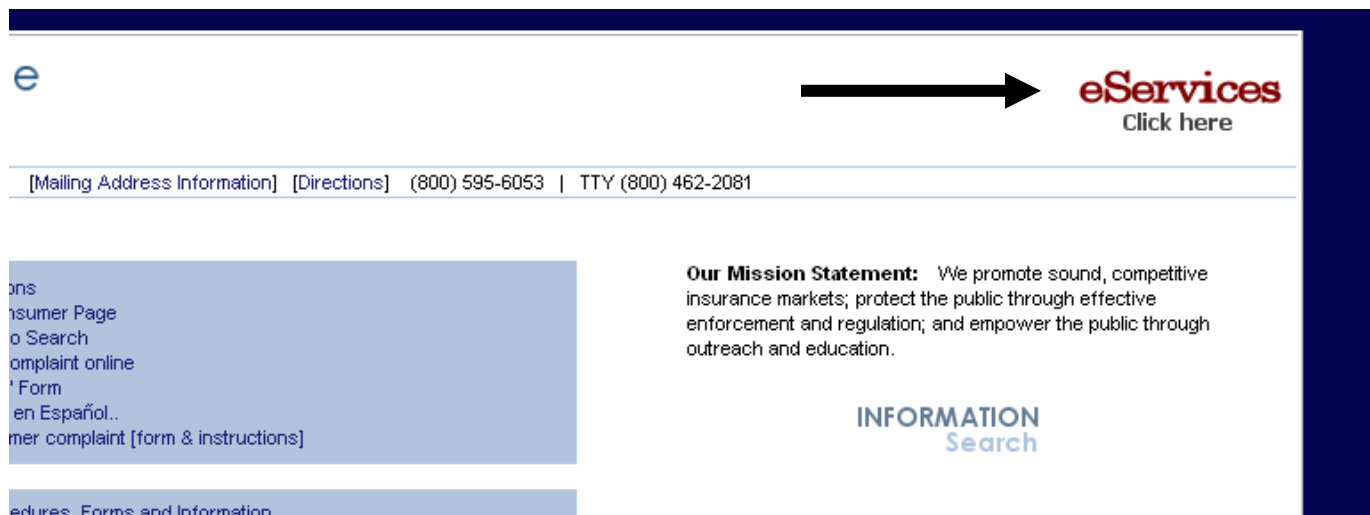
Our Mission Statement: We promote sound, competitive insurance markets; protect the public through effective enforcement and regulation; and empower the public through outreach and education.

INFORMATION Search

What's New

- Annual Statement Filing Checklists and Instructions .. (01/29/2007)
- ICARE Qualified Health Benefit Plans .. (01/26/2007)
- Charges and Convictions Activity - November - December 2006 .. (01/24/2007)
- ICARE Fact Sheet .. (01/24/2007)
- Fraud Case Update.. (01/24/2007)
- 'Sharing' Plan May Continue To Operate In Kentucky.. (01/19/2007)
- LAW ENFORCEMENT VETERAN TO LEAD INSURANCE FRAUD UNIT .. (01/02/2007)
- [\[More Items...\]](#)

3. Click the E-Services icon, located at the top right side of the page.



This will lead you to the log in screen for E-Services.

KYOffice of Insurance

[KYOI Home](#) | [FAQs](#) | [Contact Us](#)

Please log in here:

Username

Password

First time here? Please click here to register for secure access.

Forgot your password?

Having trouble logging in?
Click here for assistance.

[Click Here](#) to learn about our security.

What does eServices offer?

Consumers

- Submit Consumer Complaint File
- View data related to ratios (i.e., Complaint, Medicare Supplement, Consumer Guides) - **
- Find information related to a licensed Insurer, Individual or Business Entity - **

New Applicants - ** (Paperwork not submitted yet)

- Access to applications, study guides, instructions and documents

Individuals (Licensed or pending applicants)

- Review your licensing information and account profile
- Submit requests for additional licenses, clearance / certification letters, voluntary surrenders, address changes, name changes, license renewals, examinations, etc.

Business Entities

- Review your affiliated individuals licensing information (i.e., addresses, examinations, license/application status, continuing education, etc.)
- Submit requests for additional licenses, clearance / certification letters, voluntary surrenders, address changes, name changes, license renewals, and designations. **

Insurers

- Review your affiliated individuals licensing information (i.e., addresses, examinations, license/application status, continuing education, etc.)
- Renew appointments and submit payments **(Instructions) - New**
- Submit financial responsibility requests **

OR

- Submit data for KYOffice of Insurance's

If you're a first time E-Services user.....you'll need to log in and acquire a username and password.

Click Here...

KYOffice of Insurance


Please log in here:

Username

Password

[First time here? Please click here to register for secure access.](#)

[Forgot your password?](#)

Having trouble logging in? Click here for assistance 

What do you want to do?

Consumers

- Submit Consumer Complaint
- View data related to your Complaint, Medical Records, Consumer Guides)
- Find information re: your Insurer, Individual Coverage

New Applicants - **
(Paperwork not submitted)

You'll need to designate your username and password....

Username

Enter your username. It must be between 8-15 alpha numeric characters in length

Your eServices Account Information

Username

Password

Verify Password

UserType

Security Question

Answer

Username
Enter your username. It must be between 8-15 alpha numeric characters in length

Password
Enter a password that is between 8 to 15 alpha numeric characters. **Your password must contain at least 1 number.**

Your eServices Account Information

Username

Password

Verify Password

UserType

Security Question

Answer

Your Contact Information

First Name

Suffix Name

Telephone Extension

E-mail Address

User Type
Select the type of user account that you need to create on our system

Select the User Type:
Individual: Individual Access

Individual: Individual Access
Business Entity: Agent Licensing Administrator
Business Entity: Agent Licensing Read Only
Business Entity: Agent Licensing Read-Write
Insurer: P&C Auto and Home Guide Administrator
Insurer: P&C Auto and Home Guide Read-Write
Insurer: Agent Licensing Administrator
Insurer: Agent Licensing Read Only
Insurer: Agent Licensing Read-Write
Other: Consumer

Select a Security question with answer...

Your eServices Account Information

Username

Password

Verify Password

UserType

Security Question

Answer

Your Contact Information

First Name

Suffix Name

Telephone Extension

E-mail Address

Your Mailing/Shipping Information

Address Line1

Address Line2

City State Zip

Security Question
Select a question that will be easy for you to remember the answer to. This will be used to retrieve your password should you forget it.

Here...

Note the help as you select a data entry field...

Your Mother's Maiden Name
Your Favorite Color
Your Pet's Name
Your Favorite Food
Name of an Elementary School
Last Four Digits of Your SSN

Create Account

You are now ready to enter your personal data.

The screenshot shows a web form for creating a USPS account. It is divided into two main sections: 'Your Contact Information' and 'Your Mailing/Shipping Information'. The 'Your Contact Information' section includes fields for First Name, Middle Name/Initial, Suffix Name, SSN, Telephone, Extension, and E-mail Address. The 'Your Mailing/Shipping Information' section includes fields for Address Line1, Address Line2, City, State (a dropdown menu currently showing 'Select'), and Zip. A 'Create Account' button is located at the bottom left of the form. Three callout boxes with arrows point to specific fields: one points to the SSN field with the text 'You must enter your SSN to verify licensing status.', another points to the State dropdown with the text 'Note: the City/State/Zip must be a valid USPS match.', and a third points to the 'Create Account' button with the text 'Once finished, click 'Create Account'.'

Your Contact Information

First Name Middle Name/Initial

Suffix Name SSN

Telephone Extension

E-mail Address

Your Mailing/Shipping Information

Address Line1

Address Line2

City State Zip

[Create Account](#)

You must enter your SSN to verify licensing status.

Note: the City/State/Zip must be a valid USPS match.

Once finished, click 'Create Account'.

You're now ready to use KOI E-Services.

LOGGING INTO E-SERVICES

Enter your Username and Password from the E-Services jump page as shown here.

The image shows a screenshot of the KY Department of Insurance E-Services login page. The page has a blue header with the text "KY Department of Insurance". Below the header, there is a login form with the title "Please log in here:". The form contains two input fields: "Username" and "Password", followed by a "submit" button. An arrow points from the "submit" button to a callout box that says "Then click 'Submit'". Another arrow points from the "Username" field to a second, larger version of the login form. This second form shows the username "testing22" and a password field filled with dots. Below the login form, there is a link that says "First time here? Please click here to register for secure access." and another link that says "Forgot your password?". At the bottom, there is a link that says "Having trouble" followed by a small icon of a person with a question mark.

KY Department of Insurance


Please log in here:

Username

Password

[First time here? Please click here to register for secure access.](#)

[Forgot your password?](#)

[Having trouble](#) 

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• view data relat

Complaint, Mec

Consumer Guid

New A

Then click 'Submit'

The following screen should display...

The screenshot displays a web application interface with three distinct sections, each with a blue header bar and a white content area. The first section, 'Individual Information', contains a single link 'Your Individual Licensing Profile'. The second section, 'Reports', contains a single link 'Surplus Lines Affidavit Search'. The third section, 'eServices', contains a list of six links: 'Annual Reconciliation', 'Certification/Clearance Letter Request', 'Examination Scheduling and Rescheduling', 'Individual License Application', 'License Renewal Invoice', and 'Life Settlement Survey'. The links are listed vertically and are preceded by a right-pointing triangle icon.

| Individual Information |
|---|
| ▶ Your Individual Licensing Profile |

| Reports |
|--|
| ▶ Surplus Lines Affidavit Search |

| eServices |
|---|
| ▶ Annual Reconciliation |
| ▶ Certification/Clearance Letter Request |
| ▶ Examination Scheduling and Rescheduling |
| ▶ Individual License Application |
| ▶ License Renewal Invoice |
| ▶ Life Settlement Survey |

ENTERING ANNUAL RECONCILIATION DATA INTO E-SERVICES (SURPLUS LINES LOGIN)

After logging into the account, the first screen presented should be this:

The screenshot displays the E-Services interface with three main sections: Individual Information, Reports, and eServices. The eServices section contains a list of services, with 'Annual Reconciliation' highlighted by a callout box.

Individual Information

- ▶ [Your Individual Licensing Profile](#)

Reports

- ▶ [Surplus Lines Affidavit Search](#)

eServices

- ▶ [Annual Reconciliation](#)
- ▶ [Certification/Clearance Letter Request](#)
- ▶ [Examination Scheduling and Rescheduling](#)
- ▶ [Individual License Application](#)
- ▶ [License Renewal Invoice](#)
- ▶ [Life Settlement Survey](#)
- ▶ [Municipal Tax Assessment](#)
- ▶ [Nofault Rejection Request](#)
- ▶ [Open Record Requests](#)
- ▶ [Order Laws & Regulations Book](#)
- ▶ [Pending Fees \(License and Appointment\)](#)
- ▶ [Record Correction Request \(Form 8303\)](#)
- ▶ [Replacement or Additional License Request \(Form 8306\)](#)
- ▶ [Surplus Lines Affidavit](#)
- ▶ [Surplus Lines Quarterly Report](#)
- ▶ [Town Forums](#)
- ▶ [View Transaction History](#)
- ▶ [Voluntary License Surrender](#)

To load the data, click Annual Reconciliation here...

The Annual Reconciliation data entry screen.

The screenshot shows the 'Annual Reconciliation' page of the KY Department of Insurance website. At the top is a navigation bar with links: Individual Information, eServices, Reports, Main Menu, Update your account, Change your password, and Logout. The main heading is 'Annual Reconciliation'. Below it is a section titled 'Entity / User Details' containing a table with the following data:

| Entity / User Details | |
|------------------------------|---|
| DOI Number 542723 | Individual / Entity Name Doe John |
| User Last Name Doe | User Middle Name M |
| | User First Name John |

Below the table, there is a 'Tax Year' dropdown menu set to '2009' and a checkbox for 'No Business'. The 'Annual Reconciliation Filer Data' section contains several input fields: First Name, Mid Name, Last Name, Address, City, State (a dropdown menu labeled 'Select'), Zip, Phone, and Email. A 'Submit Filer Data' button is located at the bottom of the form.

The top of the form offers the Entity/User demographic data...

This diagram highlights the 'Entity / User Details' section of the form with three callout boxes:

- DOI Number of the Broker**: Points to the 'DOI Number' field, which contains the value '300363'.
- Broker Name**: Points to the 'Individual / Entity Name' field, which contains the value 'Adabala'.
- User name**: Points to the 'User First Name' field, which contains the value 'Veena'.

The table data shown in the diagram is:

| Entity / User Details | |
|----------------------------------|--|
| DOI Number 300363 | Individual / Entity Name Adabala |
| User Last Name Adabala | User Middle Name |
| | User First Name Veena |

Next, the data concerning the year and filer information will be entered.

The screenshot shows the 'Annual Reconciliation' form from the KY Department of Insurance. The form is titled 'Annual Reconciliation' and includes a header with navigation links: 'Individual Information', 'eServices', 'Reports', 'Main Menu', 'Update your account', 'Change your password', and 'Logout'. The form is divided into two main sections: 'Entity / User Details' and 'Annual Reconciliation Filer Data'. The 'Entity / User Details' section contains fields for 'DOI Number' (542723), 'User Last Name' (Doe), 'Individual / Entity Name' (Doe John), 'User Middle Name' (M), and 'User First Name' (John). The 'Annual Reconciliation Filer Data' section contains fields for 'Tax Year' (2009), 'No Business' checkbox, 'First Name', 'Mid Name', 'Last Name', 'Address', 'City', 'State' (Select), 'Zip', 'Phone', and 'Email'. A 'Submit Filer Data' button is located at the bottom of the form. Three callout boxes provide instructions: 'Denote the year of the data filed here.' points to the 'Tax Year' dropdown; 'If the broker had no business for the year, mark here.' points to the 'No Business' checkbox; and 'Enter the demographic data of the filer....here.' points to the 'First Name' field.

KY Department of Insurance
Individual Information | eServices | Reports | Main Menu | Update your account | Change your password | Logout

Annual Reconciliation

Entity / User Details

| | | |
|------------------------------|---|--------------------------------|
| DOI Number 542723 | Individual / Entity Name Doe John | User First Name John |
| User Last Name Doe | User Middle Name M | |

Tax Year: 2009 ☐ No Business

Annual Reconciliation Filer Data

| | | |
|------------|---------------|-----------|
| First Name | Mid Name | Last Name |
| Address | | |
| City | State: Select | Zip |
| Phone | Email | |

Denote the year of the data filed here.

If the broker had no business for the year, mark here.

Enter the demographic data of the filer....here.

After declaring the year and filer information, click ‘Submit Filer Data’ to proceed to this screen, to begin loading the reconciliation data.

| | | | |
|---|----------------------|--|----------------------|
| Unauthorized Insurer Name | <input type="text"/> | | |
| Local Government Name | <input type="text"/> | | |
| Total Annual Tax Paid (Casualty) | <input type="text"/> | Total Annual Premium | <input type="text"/> |
| Total Annual Tax Paid (Fire and Allied Lines) | <input type="text"/> | Total Annual Tax Paid | <input type="text"/> |
| Total Annual Tax Paid (Health) | <input type="text"/> | Total Annual Interest Due | <input type="text"/> |
| Total Annual Tax Paid (Inland Marine) | <input type="text"/> | Total Amount | <input type="text"/> |
| Total Annual Tax Paid (Life) | <input type="text"/> | <input type="button" value="Add Taxes"/> | |
| Total Annual Tax Paid (Motor Vehicle) | <input type="text"/> | | |
| Total Annual Tax Paid (All Other Risks) | <input type="text"/> | | |

| | |
|---|--|
| <input type="button" value="Submit Annual Reconciliation"/> | <input type="button" value="Add Taxes for Additional Carriers"/> |
|---|--|

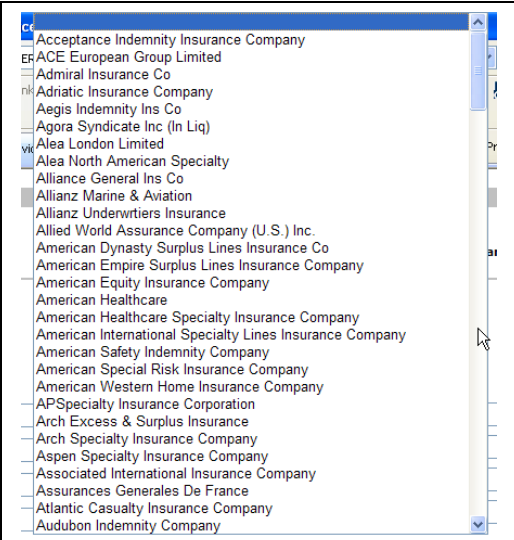
Note: If the broker had no business, click “Submit Annual Reconciliation” and proceed to Checkout.

Otherwise.....

The broker will choose the carrier from the pull down shown here...

| | | |
|-------------|-------------|-------------|
| Client Name | Client Name | Client Name |
| Doe | M | John |

| | |
|---------------------------|----------------------|
| Unauthorized Insurer Name | <input type="text"/> |
| Local Government Name | <input type="text"/> |



A screenshot of a dropdown menu displaying a list of insurance carriers. The list includes:

- Acceptance Indemnity Insurance Company
- ACE European Group Limited
- Admiral Insurance Co
- Adriatic Insurance Company
- Aegis Indemnity Ins Co
- Agora Syndicate Inc (In Liq)
- Alea London Limited
- Alea North American Specialty
- Alliance General Ins Co
- Allianz Marine & Aviation
- Allianz Underwriters Insurance
- Allied World Assurance Company (U.S.) Inc.
- American Dynasty Surplus Lines Insurance Co
- American Empire Surplus Lines Insurance Company
- American Equity Insurance Company
- American Healthcare
- American Healthcare Specialty Insurance Company
- American International Specialty Lines Insurance Company
- American Safety Indemnity Company
- American Special Risk Insurance Company
- American Western Home Insurance Company
- APSpecialty Insurance Corporation
- Arch Excess & Surplus Insurance
- Arch Specialty Insurance Company
- Aspen Specialty Insurance Company
- Associated International Insurance Company
- Assurances Generales De France
- Atlantic Casualty Insurance Company
- Audubon Indemnity Company

Then select the taxing municipality, and begin entering the data.

Select the taxing authority here

Unauthorized Insurer Name: Acceptance Indemnity Insurance Company

Local Government Name: Mayfield

| | | | |
|---|-----|---------------------------|------|
| Total Annual Tax Paid (Casualty) | 100 | Total Annual Premium | 5000 |
| Total Annual Tax Paid (Fire and Allied Lines) | 50 | Total Annual Tax Paid | 400 |
| Total Annual Tax Paid (Health) | 50 | Total Annual Interest Due | 0 |
| Total Annual Tax Paid (Inland Marine) | 50 | Total Amount | 400 |
| Total Annual Tax Paid (Life) | 50 | | |
| Total Annual Tax Paid (Motor Vehicle) | 50 | | |
| Total Annual Tax Paid (All Other Risks) | 50 | | |

Add Taxes

Submit Annual Reconciliation

Add Taxes for Additional Carriers

Enter the data here

When all data for the municipality is complete, click 'Add Taxes' here to write it to the reconciliation.

To add additional information concerning another taxing municipality to this carrier, simply select the city/county in the pull down shown above, and enter the tax information. Once finished, click "Add Taxes". Repeat this process until all taxing data is entered for all municipalities concerning this carrier. After all data is entered for **this carrier**:

You may select:

- "Add Taxes for Additional Carriers" to select another carrier to report more taxes
- If you are finished with the reconciliation, click "Submit Annual Reconciliation" to proceed to checkout

IMPORTANT NOTE:

The application will not change the Carrier in this screen until you make a decision to click “Add Taxes for Additional Carriers”. This feature allows the user to add more than one taxing municipality for a carrier without needing to click and select the carrier multiple times.

Unauthorized Insurer Name:

Local Government Name:

| | | | |
|---|----------------------|---------------------------|----------------------|
| Total Annual Tax Paid (Casualty) | <input type="text"/> | Total Annual Premium | <input type="text"/> |
| Total Annual Tax Paid (Fire and Allied Lines) | <input type="text"/> | Total Annual Tax Paid | <input type="text"/> |
| Total Annual Tax Paid (Health) | <input type="text"/> | Total Annual Interest Due | <input type="text"/> |
| Total Annual Tax Paid (Inland Marine) | <input type="text"/> | Total Amount | <input type="text"/> |
| Total Annual Tax Paid (Life) | <input type="text"/> | | |
| Total Annual Tax Paid (Motor Vehicle) | <input type="text"/> | | |
| Total Annual Tax Paid (All Other Risks) | <input type="text"/> | | |

After adding one record for the carrier, the carrier selection is disabled. To proceed to the next carrier.....click ‘Add Taxes for Additional Carriers’ to finish your work with this carrier.

| Select | Unauthorized Insurer Name | | Acceptance Indemnity Insurance Company | | | | | | |
|---|---------------------------|--------|--|------|--|-----------------|----------------|-----------------|--|
| <input type="checkbox"/> | Local Government Name | | Mayfield | | | | | | |
| Casualty | Fire&Allied Lines | Health | Inland Marine | Life | Motor Vehicle | All Other Risks | Annual Premium | Annual Interest | |
| 100 | 50 | 50 | 50 | 50 | 50 | 50 | 5000 | 0 | |
| <input type="button" value="Delete"/> | | | | | | | | | |
| <hr/> | | | | | | | | | |
| <input type="button" value="Submit Annual Reconciliation"/> | | | | | <input type="button" value="Add Taxes for Additional Carriers"/> | | | | |

Note the record added will display here. You may delete a line from the record by clicking the select box...then ‘Delete’, to remove.

After the data entry is complete for all carriers, click ‘Submit Annual Reconciliation’ to proceed to checkout. After clicking this selection, the following screen will display.

Annual Reconciliation

| Entity / User Details | | | | | | | | | |
|------------------------------|--|--|--|---|--|--|--------------------------------|--|--|
| DOI Number 542723 | | | | Individual / Entity Name Doe John | | | | | |
| User Last Name Doe | | | | User Middle Name M | | | User First Name John | | |

| Annual Reconciliation Filer Data | | | | | | | | | |
|----------------------------------|------------------------------|---------------|----------------------|---|----------------------|------------------------|-----------------------|------------------------|--|
| Name dfggd, dsgsdg | | | | Address dfgsd , sdfgdg KY 334434 | | | | | |
| Phone | | | | Email | | | | | |
| Unauthorized Insurer Name | | | | Acceptance Indemnity Insurance Company | | | | | |
| Local Government Name | | | | Mayfield | | | | | |
| Casualty | Fire&Allied Lines | Health | Inland Marine | Life | Motor Vehicle | All Other Risks | Annual Premium | Annual Interest | |
| 100 | 50 | 50 | 50 | 50 | 50 | 50 | 5000 | 0 | |
| Unauthorized Insurer Name | | | | Admiral Insurance Co | | | | | |
| Local Government Name | | | | Louisville | | | | | |
| Casualty | Fire&Allied Lines | Health | Inland Marine | Life | Motor Vehicle | All Other Risks | Annual Premium | Annual Interest | |
| 15 | 15 | 15 | 15 | 15 | 151 | 15 | 15 | 1 | |
| Unauthorized Insurer Name | | | | Arch Excess & Surplus Insurance | | | | | |
| Local Government Name | | | | Bowling Green | | | | | |
| Casualty | Fire&Allied Lines | Health | Inland Marine | Life | Motor Vehicle | All Other Risks | Annual Premium | Annual Interest | |
| 10 | 101 | 10 | 10 | 101 | 10 | 10 | 10 | 0 | |

Check Out

This screen generally acts as a review of your work. After the review is completed, click ‘Check Out’.

You will be taken to the checkout screen to complete your transaction.

September 22, 2009

KYDepartment of Insurance

[Individual Information](#) | [eServices](#) | [Reports](#) | [Main Menu](#) | [Update your account](#) | [Change your password](#) | [Logout](#)

Transaction / Order Information

To remove any item from your order, click on the checkbox and press "Update Order".

Forms Completed by User: [Satish007]

| Remove | Description | Fee(s) |
|--------------------------|-----------------------|---------------|
| <input type="checkbox"/> | Annual Reconciliation | \$5.00 |
| Total Amount Due | | \$5.00 |

Please note: You must checkout to complete your transaction, even if your "Total Amount Due" is 0. If the total amount due is more than \$1500.00, you can only checkout via Debit (ACH) payment method.

[Update Order](#) [Checkout to Submit Transaction/Complete Order](#) [Continue Shopping/Return to Menu](#) [Cancel Order](#)

[View Order](#) | [Return to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices Survey](#) | [Logout](#)

Click here to submit the reconciliation

IMPORTANT: You must complete the checkout process for the data to transmit.

The payment screen will display.....

You will either need to pay via Credit Card...

Checkout

You may enter either your credit card information OR your checking account information to process your order.

Total amount to be billed to your credit card: \$5.00

Credit Card Information

Enter your billing information EXACTLY as it appears on your credit card and/or billing statement

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number:

Expiration Date: /

Name on Card:

Billing Zip/Postal Code:

Phone Number:(Number Only)

Enter your credit card information here...

Or via Debit...

----- OR -----

Debit Information

Enter your checking account information exactly as it appears on your check

Name on Account:

Pay to the Order of Kentucky Office Of Insurance

Memo

021001088 00112221234

Enter the Checking Account Name here.

Routing Number

This number is nine characters long and appears between the " symbols usually at the bottom left corner of your check.

Account Number

This number is 5-17 characters long and appears next to the " symbol at the bottom of your check and usually to the right of your bank routing number.

Then the routing number, along with the account number here...

[Submit Order](#)

[Cancel Order](#)

[View Order](#) | [Return to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices Survey](#) | [Logout](#)

After completing either, click 'Submit Order' to proceed.

symbol at the bottom of your check and usually to the right of your bank routing number.

Submit Order Cancel Order

[to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices](#)

You will get a final transaction screen to show the completion of your order....

KY Department of Insurance
eServices | Main Menu | Update your account | Change your password | Logout

Transaction Details:

Your transaction has been processed and does not require any additional Payment information.
Below are the details of your transaction. You may print a copy of this for your records by clicking on the 'Print copy of invoice' listed below.

Order Information Shipping Information (if applicable)

DOI Transaction ID: 23017
ePay Transaction ID:
Transaction Date: 9/9/2009

| Qty | Description | Fee(s) |
|----------------|-----------------------|--------|
| 1 | Annual Reconciliation | \$0.00 |
| Total Charged: | | \$0.00 |

[Print Annual Reconciliation](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)

DOI Transaction ID/date is shown here

You may also accomplish a few other things with this form....

Sep

KY Department of Insurance
eServices | Main Menu | Update your account | Change your password | Logout

Transaction Details:

Your transaction has been processed and does not require any additional Payment information.
Below are the details of your transaction. You may print a copy of this for your records by clicking on the **'Print copy of invoice'** listed below.

| Order Information | | Shipping Information (if applicable) | |
|----------------------------|--|--------------------------------------|--|
| DOI Transaction ID: 23017 | | | |
| ePay Transaction ID: | | | |
| Transaction Date: 9/9/2009 | | | |

| Qty | Description | Fee(s) |
|-----|-----------------------|--------|
| 1 | Annual Reconciliation | \$0.00 |

| | | |
|----------------|--|--------|
| Total Charged: | | \$0.00 |
|----------------|--|--------|

[Print Annual Reconciliation](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)

You can print a copy of your transaction data by clicking here.
(Print Annual Reconciliation)

KY Department of Insurance
eServices | Main Menu | Update your account | Change your password | Logout

Annual Reconciliation

| Entity / User Details | |
|-----------------------|--------------------------|
| DOI Number | Individual / Entity Name |
| 300363 | |
| User Last Name | User Middle Name |
| Adabala | |

| Annual Reconciliation Filer Data | |
|----------------------------------|--------------------|
| Name | dfgdsf, ggs dfgsdf |
| Phone | Address |
| | Email |
| Local Government Name | Ashland |
| Casualty | Fire&Allied Lines |
| Health | Inland Marine |
| Life | Motor Vehicle |
| 1000 | 200 |
| 200 | 200 |
| 0 | 200 |

[Return to the Main Menu](#) | [Update your account](#) | [Change yo](#)

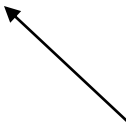
Print copy of invoice generally works as a screen print to document your transaction id.

Your transaction has been processed and does not require any additional Payment information.
Below are the details of your transaction. You may print a copy of this for your records by clicking on the **'Print copy of invoice'** listed below.

[Print Annual Reconciliation](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)

To finish up....[click here](#), to take you back to the main menu.

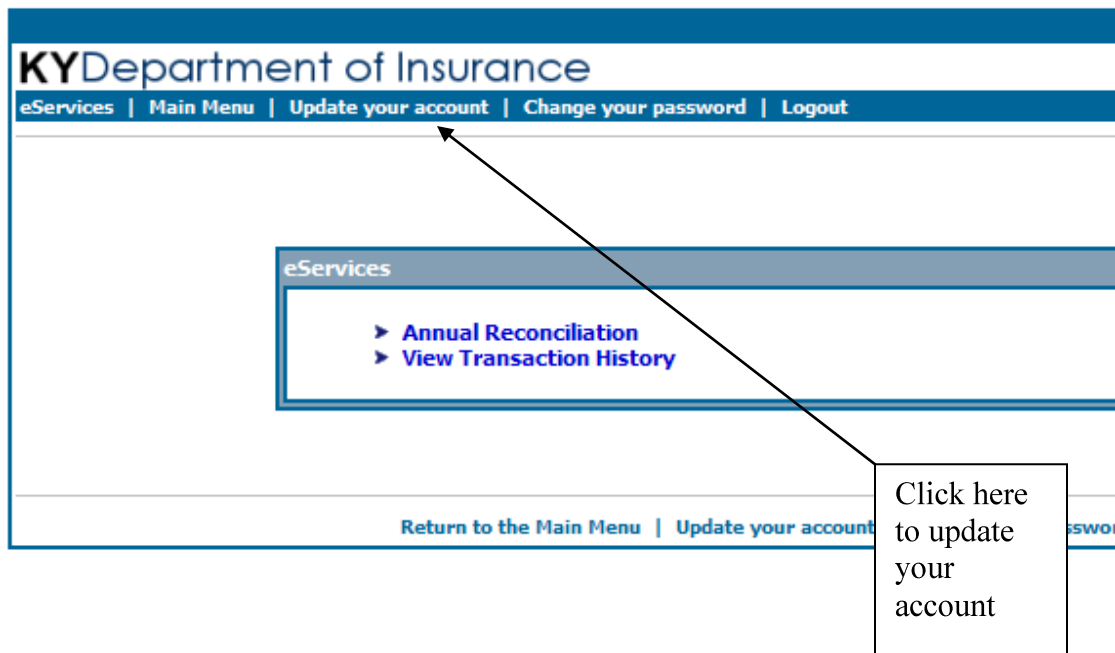


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ACCOUNT MAINTENANCE

There are tools in the account that allow you to update your information, or change your password.

Updating Your Account



Update Account Information

Update Account Information - updates eServices account information only.

Updating your address on this profile does not update your official record with the department. You must complete "Record Correction Form 8303" on the eServices menu.

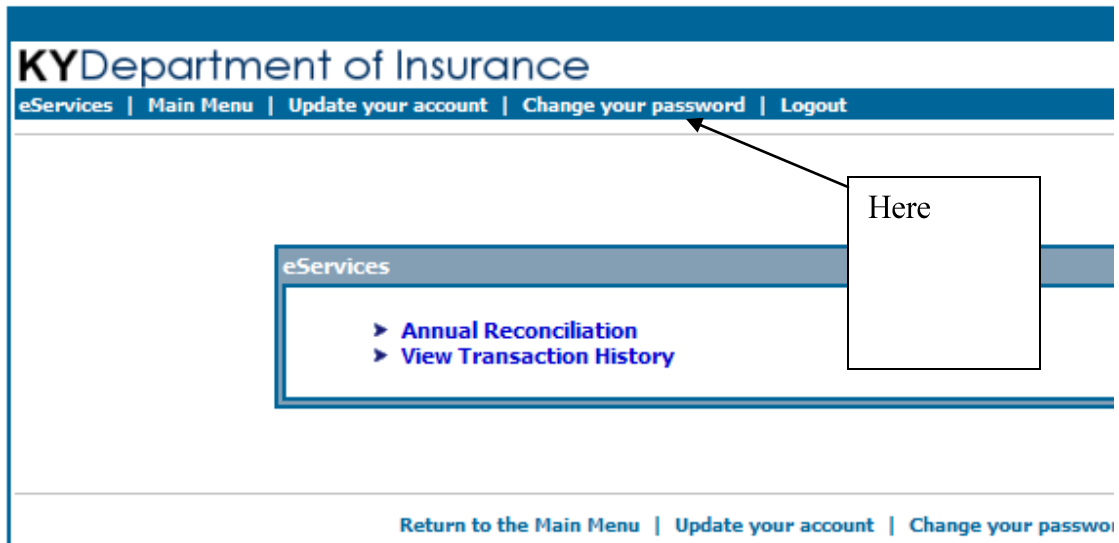
| | | | |
|-------------------|---|----------------------------------|-------------------------------------|
| User Name | Annrec2009 | | |
| Password | ***** (To change your password, Click here) | | |
| First Name | <input type="text" value="V"/> | | |
| Middle Name | <input type="text"/> | | |
| Suffix Name | <input type="text"/> | | |
| Last Name | <input type="text" value="A"/> | (DO NOT ADD SUFFIX: JR, SR, etc) | |
| Phone | <input type="text"/> | Extn | <input type="text"/> (Numbers Only) |
| Email | <input type="text" value="pa.ada@ky.gov"/> | | |
| | (include the .com, .net or .org - accounts with invalid e-mail addresses will be removed) | | |
| Address Line1 | <input type="text" value="215 West Main St."/> | | |
| Address Line2 | <input type="text"/> | | |
| City | <input type="text" value="Frankfort"/> | | |
| State | <input type="text" value="KY"/> | Zip | <input type="text" value="40601"/> |
| Security Question | <input type="text" value="Your Mother's Maiden Name"/> | | |
| Answer | <input type="text" value=" "/> | | |

Make any changes to the data here...

Then click 'Update Account' here to finalize the changes.

Changing Your Password

Click here, to change your password.



KY Department of Insurance

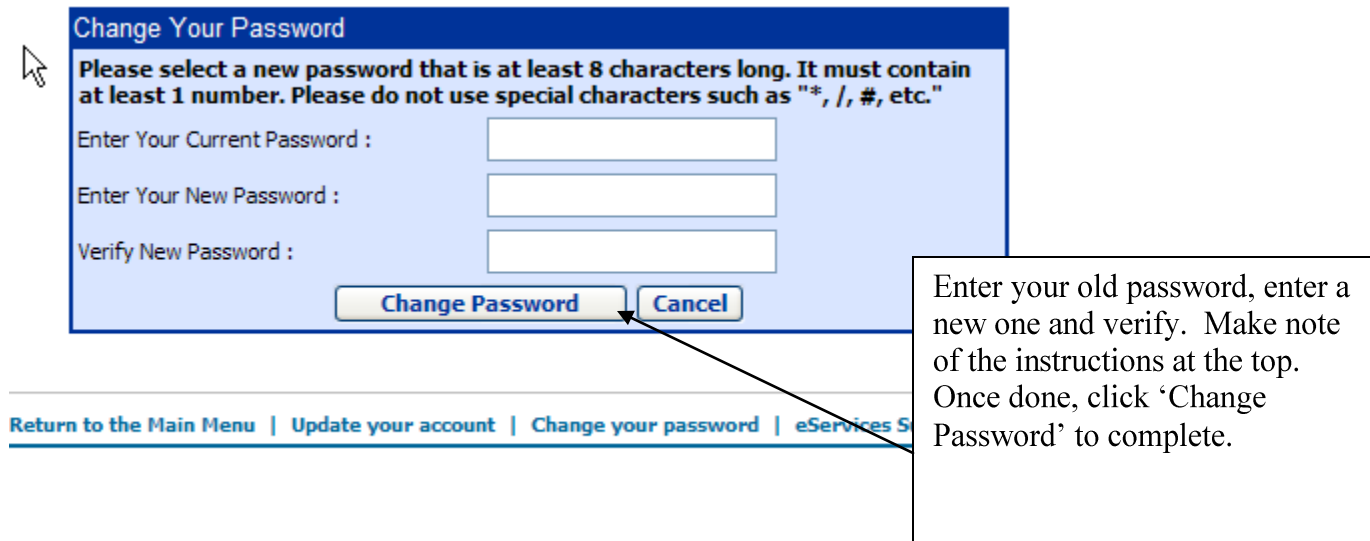
[eServices](#) | [Main Menu](#) | [Update your account](#) | [Change your password](#) | [Logout](#)

eServices

- [Annual Reconciliation](#)
- [View Transaction History](#)

[Return to the Main Menu](#) | [Update your account](#) | [Change your password](#)

Here



Change Your Password

Please select a new password that is at least 8 characters long. It must contain at least 1 number. Please do not use special characters such as "*, /, #, etc."

Enter Your Current Password :

Enter Your New Password :

Verify New Password :

[Return to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices S](#)

Enter your old password, enter a new one and verify. Make note of the instructions at the top. Once done, click 'Change Password' to complete.

VIEWING TRANSACTION HISTORY

With this tool, you may take a look at prior transactions sent from the account.

First, log into E-Services...

The screenshot shows the login page for the KY Department of Insurance. The page has a blue header with the text "KY Department of Insurance". Below the header, there is a login form with a blue background. The form contains the text "Please log in here:" followed by two input fields: "Username" and "Password". The "Username" field contains the text "testing22". The "Password" field contains a series of dots. Below the input fields is a "submit" button. To the right of the login form, there is a vertical navigation menu with links: "Home", "About Us", "Contact Us", "View Data", "Complaint, Med", "Consumer Guide", and "New A". Below the login form, there are two links: "First time here? Please click here to register for secure access." and "Forgot your password?". At the bottom left, there is a link "Having trouble" with a small icon of a person with a question mark. A callout box with a black border and white background is positioned over the "submit" button. It contains the text "Then click 'Submit'" and has an arrow pointing to the "submit" button. Another arrow points from the "submit" button in the callout box to the "submit" button in the login form.

KY Department of Insurance


Please log in here:

Username

Password

First time here? Please click here to register for secure access.

[Forgot your password?](#)

Having trouble 

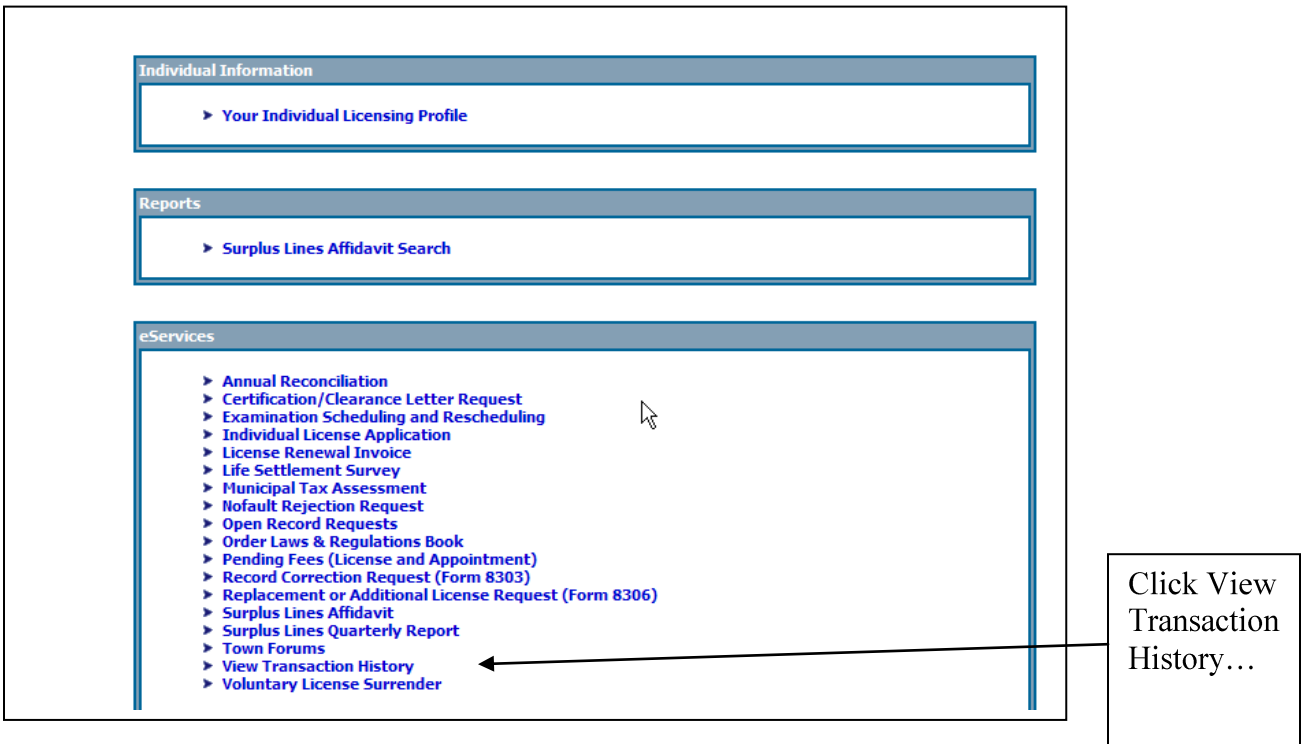
Co

- view data relat
- Complaint, Mec
- Consumer Guid

New A

Then click 'Submit'

The following screen should display...



After clicking ‘View Transaction History’ the following screen will present...

Transaction History

Entity / User Details

DOI Number

300363

User Last Name

doe

Individual / Entity Name

User Middle Name

e


User First Name

jane

Your demographic data is shown here...

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date



Display Transactions

The last 30 days of transactions will automatically display

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

| Transaction ID | ePay Trans ID | Transaction Date | Transaction Total | Transaction Status |
|-----------------------|---------------|-----------------------|-------------------|--------------------|
| 22667 | | 8/11/2008 11:08:15 AM | | Complete |
| 22666 | | 8/11/2008 10:35:42 AM | | Complete |

Click on the Transaction ID to view the details of the Transaction.

[Return to the Main Menu](#)

[Update your account](#)

[Change your password](#)

[eServices Survey](#)

[Logout](#)

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You may also search further back, by utilizing the tool shown here.

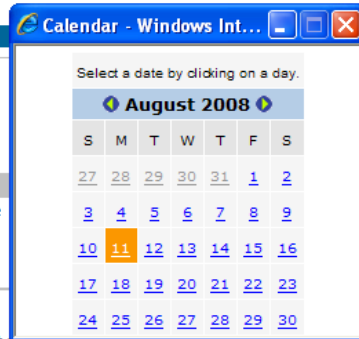
KY Department of Insurance
 eServices | Main Menu | Update your account | Change your password | Logout

Transaction History

| Entity / User Details | |
|-----------------------|--------------------------|
| DOI Number | Individual / Entity Name |
| 300363 | |
| User Last Name | User Middle Name |
| doe | e |

To view 30 days of transactions during a certain period, Enter the start date.


Enter Start Date  [Display Transactions](#)



Click here..

To display the calendar. This will allow you to enter a new begin date to search by, which will set the search parameter from the begin date, to current.

After the date has been set, click 'Display Transactions' to list the result in the grid, as shown below.

Enter Start Date  [Display Transactions](#)

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

| Transaction ID | ePay Trans ID | Transaction Date | Transaction Total | Transaction Status |
|-----------------------|---------------|-----------------------|-------------------|--------------------|
| 22667 | | 8/11/2008 11:08:15 AM | | Complete |
| 22666 | | 8/11/2008 10:35:42 AM | | Complete |

Click on the Transaction ID to view the details of the Transaction.

To review a record displayed in the grid, click the Transaction ID.

Below is a list of all your transactions within the last 30 da

| Transaction ID | ePay Trans ID |
|-----------------------|---------------|
| 22667 | |
| 22668 | |

Click on

Which will display the following screen.

Transaction Details

Entity / User Details

| | | |
|------------------------------|---|--------------------------------|
| DOI Number 542723 | Individual / Entity Name Doe John | |
| User Last Name Doe | User Middle Name M | User First Name John |

Transaction Status: Complete

| Order Information | Shipping Information (if applicable) |
|---|--------------------------------------|
| DOI Transaction ID: 23027 ePay Transaction ID: Transaction Date: 9/11/2009 8:50:09 AM | |

| Qty | Description | Fee(s) |
|----------------|-----------------------|--------|
| 1 | Annual Reconciliation | \$0.00 |
| Total Charged: | | \$0.00 |

[Print Annual Reconciliation](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)

The transaction ID, along with the date of submission will display here.

A description of the transaction is presented here.

Transaction Details

| Entity / User Details | | |
|-----------------------|--------------------------|-----------------|
| DOI Number | Individual / Entity Name | |
| 542723 | Doe John | |
| User Last Name | User Middle Name | User First Name |
| Doe | M | John |

Transaction Status: Complete

| Order Information | Shipping Information (if applicable) |
|--|--------------------------------------|
| DOI Transaction ID: 23027 | |
| ePay Transaction ID: | |
| Transaction Date: 9/11/2009 8:50:09 AM | |

| Qty | Description | Fee(s) |
|----------------|-----------------------|--------|
| 1 | Annual Reconciliation | \$0.00 |
| Total Charged: | | \$0.00 |

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[Print copy of invoice](#) | [Click here to return to the main menu](#)

You may also review your data..

Annual Reconciliation

| Entity / User Details | | |
|-----------------------|--------------------------|-----------------|
| DOI Number | Individual / Entity Name | |
| 542723 | Doe John | |
| User Last Name | User Middle Name | User First Name |
| Doe | M | John |

Annual Reconciliation Filer Data

| | | | | | | | |
|---------------------------|-------------------|--------|---------------|--|---------------|-----------------|--------------|
| Name | | | | Address | | | |
| dfggd, dsgrsdg | | | | dfgsd , sdfgdg KY 334434 | | | |
| Phone | | | | Email | | | |
| Unauthorized Insurer Name | | | | Acceptance Indemnity Insurance Company | | | |
| Local Government Name | | | | Mayfield | | | |
| Casualty | Fire&Allied Lines | Health | Inland Marine | Life | Motor Vehicle | All Other Risks | Annual Premi |
| 100 | 50 | 50 | 50 | 50 | 50 | 50 | 5000 |
| Unauthorized Insurer Name | | | | Admiral Insurance Co | | | |
| Local Government Name | | | | Louisville | | | |
| Casualty | Fire&Allied Lines | Health | Inland Marine | Life | Motor Vehicle | All Other Risks | Annual Premi |
| 15 | 15 | 15 | 15 | 15 | 151 | 15 | 15 |
| Unauthorized Insurer Name | | | | Arch Excess & Surplus Insurance | | | |
| Local Government Name | | | | Bowling Green | | | |
| Casualty | Fire&Allied Lines | Health | Inland Marine | Life | Motor Vehicle | All Other Risks | Annual Premi |
| 10 | 101 | 10 | 10 | 101 | 10 | 10 | 10 |

Transaction Details

| Entity / User Details | | |
|------------------------------|---|--------------------------------|
| DOI Number 542723 | Individual / Entity Name Doe John | |
| User Last Name Doe | User Middle Name M | User First Name John |

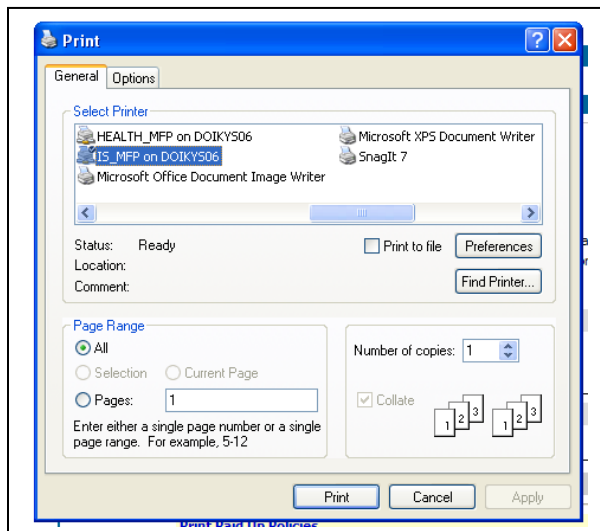
Transaction Status: Complete

| Order Information | Shipping Information (if applicable) |
|--|--------------------------------------|
| DOI Transaction ID: 23027 ePay Transaction ID: Transaction Date: 9/11/2009 8:50:09 AM | |

| Qty | Description | Fee(s) |
|----------------|-----------------------|--------|
| 1 | Annual Reconciliation | \$0.00 |
| Total Charged: | | \$0.00 |

[Print Annual Reconciliation](#)

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Or print a copy of
your invoice...

To return to the main menu...

Click here

Transaction Details

| Entity / User Details | | |
|-----------------------|---------------------------------|------------------------|
| DOI Number | Individual / Entity Name | |
| 542723 | Doe John | |
| User Last Name | User Middle Name | User First Name |
| Doe | M | John |

Transaction Status: Complete

| Order Information | Shipping Information (if applicable) |
|---|--------------------------------------|
| DOI Transaction ID: 23027 | |
| ePay Transaction ID: | |
| Transaction Date: 9/11/2009 8:50:09 AM | |

| Qty | Description | Fee(s) |
|----------------|-----------------------|--------|
| 1 | Annual Reconciliation | \$0.00 |
| Total Charged: | | \$0.00 |

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KYDepartment of Insurance

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[➤ View Transaction History](#)

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